

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162845
Health Plan Name: Louisiana Healthcare Connections
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 10/1/2013
Report Period End Date: 10/31/2013

BAYOU HEALTH Reporting
Document ID: PI182
Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT
Reporting Frequency: Monthly
Report Due Date: 15th of the month following end of reporting period
File Type: Excel
Subject Matter: Informatics (I)

| Summary of Appeal Decisions | By Health Plan | By Arbitration |
|-----------------------------|----------------|----------------|
| Total # Decisions | 269 | |
| % Upheld | 12% | |
| % Overturned | 42% | |
| % Withdrawn | 2% | |

| Reporting Period | COMPLAINT STATUS | Total # of Provider Complaints | # of COMPLAINTS by ISSUE CATEGORY | | | | | | | # Complaints Pending or Closed 31 to 90 Days Post File Date ¹ | # Complaints Pending or Closed >90 Days Post File Date ¹ | Total Provider Appeals | By Appeal Type | | # Appeals Pending or Closed 31 to 90 Days Post File Date ² | # Appeals Pending or Closed >90 Days Post File Date ² |
|----------------------------|--|--------------------------------|-----------------------------------|------------------|---------------|---------------------------|------------------------------|-------------------------------|-------|--|---|------------------------|--------------------|----------------|---|--|
| | | | Claims / Payments | Covered Services | PAs/Referrals | PCP Auto-Assign/ Linkages | Provider Registry/ Directory | Lack of Information /Response | Other | | | | Pre-Service Denial | Payment Denial | | |
| Oct-2013 | Received this Month | 284 | 244 | 1 | 0 | 0 | 0 | 0 | 39 | | | 30 | | | | |
| | Total Closed this Month | 282 | 242 | 1 | 0 | 0 | 0 | 0 | 39 | 39 | 16 | 53 | | | 0 | 0 |
| | Withdrawn by Provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| | Per Internal Plan Action/Decision | 282 | 242 | 1 | 0 | 0 | 0 | 0 | 39 | 39 | 16 | | | | | |
| | Per Independent Arbitration | | | | | | | | | | | | | | | |
| | Per DHH Review | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| | Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| | Total Pending (cumulative as of month end) | 157 | 130 | 1 | 0 | 0 | 0 | 0 | 26 | 16 | 1 | 19 | | | 0 | 0 |
| | Information needed from Provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| | Internal Plan Review | 157 | 130 | 1 | 0 | 0 | 0 | 0 | 26 | 16 | 1 | | | | | |
| | Independent Arbitration | | | | | | | | | | | | | | 0 | 0 |
| | DHH Review | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| | Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| 2013 Year to Date (YTD) | Total Complaints Received YTD | 2064 | 1495 | 10 | 12 | 1 | 9 | 6 | 531 | | | 288 | | | | |
| | Total Closed YTD | 1907 | 1365 | 9 | 12 | 1 | 9 | 6 | 505 | 829 | 210 | 269 | | | 0 | 0 |
| | Withdrawn by Provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| | Per Internal Plan Decision/Correction | 1907 | 1365 | 9 | 12 | 1 | 9 | 6 | 505 | 829 | 210 | | | | | |
| | Per Independent Arbitration | | | | | | | | | | | | | | | |
| | Per DHH Decision | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| | Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |

¹You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

²You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

This report was based on LA Healthcare Connections’ understanding of the current report specifications provided by DHH.
The report programming is still under review, thus any changes may result in resubmission of the report.
This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

| | PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed | | | | | | | |
|--------------------|--|----------------------------------|---|---|---|--------------------------------------|-------------------------------|-----------------|
| | | | | | | | | |
| | Health Plan Name: | Louisiana Healthcare Connections | | | Status Category Codes | | | |
| | Reporting Period: | 10/1/2013 - 10/31/13 | | | Pending | Closed | | |
| | | | | | P1-Information needed from Provider | C1-Withdrawn by Provider | | |
| | | | | | P2-Internal Plan Review | C2-Per Internal Plan Action/Decision | | |
| | | | | | P3-Per Independent Arbitration | C3-Per Independent Arbitration | | |
| | | | | | P4-Referred to DHH | C4-Per DHH Review | | |
| | | | | | P5-Other | C5-Other | | |
| | | | | | | | | |
| | | | | | | | | |
| Case # | Date Filed (YYYYMMDD) | Name of Person Filing Complaint | Organization | Summary of Complaint | Summary of Attempts to Resolve Complaint | Date Closed (YYYYMMDD) | # of Days Pending or to Close | Status Category |
| CAS-1316887-T6C8D4 | 9/27/2013 | *** | Southern Pain Center LLC | Keonda clld refer to the check replacement for the abv clm....Keonda adv the request for stop pymt & reissue has been over a year & they have sent in the requested w9 & fill out the affadiavt forms but still have not recvd the chk.....pls see cas-510101 & cas-646338.....each one of these cases says the issue was resolved but this is still an ongoing issue.....pls review & reach out to provider.....call back XXX ext 145 Name: Keonda NPI/TIN: XXX Provider: XXX PH#: XXX ext 145 Email Address: n/a Medicaid ID: XXX DOS: 2/24/2012 Billed Amt: 250 Claim L203LAE02543 | A check has been reissued to the correct Provider and address. If you have any further questions please contact Provider Service. | 10/28/2013 | 32 | C2 |
| CAS-1255462-K3V1Y7 | 9/6/2013 | *** | Pedatric Associates | Theresa -XXX Pediatric Associates TIN XXX/The claims have a “pattern”: all was billed with a Preventive Care Code (EX: 99392, 99393 or 99394) on 1st line with a “25” modifier and that line paid but the 90471 procedure code followed by the injection code was denied, as the 90472 procedure code followed by the injection code (s) was also denied. | Claims project 022566 has been created to reprocess all the claims that denied incorrectly. Please allow at least 30-90 days for the provider to receive claim payment. | 10/8/2013 | 33 | C2 |
| CAS-1252881-Q2T1Q8 | 9/6/2013 | *** | Lake Area Physician Services LLC | M231LA001160, M231LA001163 PROVIDER IS DISPUTING THE DENIAL FOR GLOBAL STATING THAT PROVIDER DOES NOT RENDER GLOBAL SERVICES AND 8/15/2013 PAID FOR THE SAME CHARGES PLEASE REVIEW CLAIM AND PROVIDE MORE INFO. THANK YOU | This a Manual Review and in order to process claim M231LA001160 and M231LA001163, Louisiana Healthcare Connection is requesting Medical records. You can send records to below address. Corrected Claims, P. O. Box 4040, Farmington, MO 63640-3826. | 10/9/2013 | 34 | C2 |
| CAS-1287581-H1D6Q4 | 9/18/2013 | *** | Northeast Louisiana Radiation Oncology, LLC | Jessica-XXX2 with XXX call to check claim status on member XXX dos 11/30/2012, please refer to CAS 1148288, the information will let you know what's been going on need an approval for timely filing. | Claim L348LAE03696 denied due to CPT code 77427 due to maximum allowance exceeded. Please resubmit a correct claim with the appropriate CPT code to support the number of units for reprocessing. A corrected claim can be submitted by writing corrected claim on top of the new claim and attaching the original claim or original EOP. You can mail corrected claims to Louisiana Healthcare Connections: Attn: Corrected Claims, P. O. Box 4040, Farmington, MO 63640-3826. | 10/21/2013 | 34 | C2 |
| CAS-1307492-H2Z9B2 | 9/25/2013 | *** | Ochsner Medical Center North Shore | CALLED REGARDING CLAIMS STATUS ADVISED DISPUTE FORM AND INFORMATION WERE RECEIVED PROVIDER SENT IN ALL OF THE REQUESTED INFORMATION TO THE ADDRESS ON THE LETTER (RS M224LA005376 KEYED AS FTC. XXX) ANOTHER LETTER WAS SENT 9/20/2013 ADVISING HER TO DO THE SAME THING SHE HAD ALREADY DONE PLEASE REVIEW THE INFO AND PROVIDE MORE INFO. THANK YOU. I HAVE SPOKEN TO THE AUTH DEPT WHO WAS UNABLE TO GIVE ANY INFO REGARDING THE AUTRH REQUEST OTHER THAN TO DISPUTE THE CLAIM. | LHC has upheld the denial on claim M224LA005376. The Authorization IP0116088764 that we have on file was denied by Medical services. LHC currently does not have a new Authorization on file. You have the opportunity to submit a “Corrected Claim”, Reconsideration or file an appeal. | 10/28/2013 | 34 | C2 |

| PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed | | | | | | | | |
|--|-----------|-----|---|--|---|------------|----|----|
| CAS-1260598-Z4M7Y3 | 9/10/2013 | *** | Rapids Regional Medical Center | Juanita called about claim. Advised her of information in Amisys; Provider request a more detailed explanation of why or how the claim was paid correctly. Provider requesting some correspondence or a rep to explain to her what happen. PLEASE ASSIST | Claim number M142LAE06250 still in review, Please allow 30 to 45 days for the reprocessing of the claim. If you have any question please contact Provider Services Department. | 10/14/2013 | 35 | C2 |
| CAS-1265123-Y8F6V8 | 9/11/2013 | *** | Professional Anesthesia Consultants LLP | Please advise on why this is not a covered service, provider verified codes and they should be covered, please advise. claim # M211LAE02299, provider needs to know what else needs to be done for payment. | Claim number M211LAE02299 still in review, Please allow 30 to 45 days for the reprocessing of the claim. If you have any question please contact Provider Services Department. | 10/15/2013 | 35 | C2 |
| CAS-1280231-H1G9Q3 | 9/16/2013 | *** | Health Management Services Inc | We received an escalation from Ivana who is a representative of Health Management Services NPI 1942380845 Tax Id XXX. The Provider is upset because she is stating that they primarily billing procedure code E0601 for C-Pap. The Provider is upset because all their claims are denying for no authorizations the item is a rental that is under \$250 . I spoke with the authorization department and was told that because the purchase price is over \$500 the provider is required to obtain an authorization for all request. The provider is questioning the denial reason for claim number M098LA003873 they stated that they submitted an appeal request with proof of timely but I did not see anything in AWD. The providers information was submitted to Provider relations and the Autorization Supervisor to provide additional instruction regarding requesting authorization for the C-Pap. An authorization sheet that was a previously sent from the authorization department to the Providers office was sent to the authorization department. | Claim M098LA003873 was reprocessed for adjudication. Please allow 30-45 days for payment. | 10/21/2013 | 36 | C2 |
| CAS-1222463-J2S5B5 | 8/26/2013 | *** | Methodist Hospital of Memphis | PRV STATES NEG REMIT AND THEY RECEIVED A COPY OF THE REMIT HIPAA VERIFIED PRV IS REQUESTING THAT A PRR CALL AND ASSIST WITH A NEG BALANCE REPORT THAT WAS RECEIVED SHE NEEDS MORE CLARITY AND MORE INFORMATION ON HOW TO DECIPHER THE INFORMATION RECEIVED ON THE NEG BALANCE REPORT. PLSE CALL THIS PRV TO ASSIST #M086LA000601 | Claim number M086LA000601 DOS 01/04/2013 have been re-submitted for adjudication to complete within the next 30 to 45 days. | 10/1/2013 | 37 | C2 |
| CAS-1248712-Y9C1P2 | 9/4/2013 | *** | Pedicons Inc | Pat with pedicons pmay.pedicons@gmail.com Tin-XXX Provider stated has some vaccine claims denied. Please see attached EOps and only research the claims marked by an *. All other claims paid correctly. | Pedicons Inc, TIN XXX upon further research it was determined your claims issue The EX57 claims EXTEN denial edit has been removed. For the vaccines, service lines that denied EX57 along with any corresponding EXCV denials should be reprocessed to pay. These codes work in conjunction with each other to determine if the codes should be will result in an adjustment. A Claims Project # 22566 was submitted on 8/29/201. The project includes multiple claims for DOS 8/7/2013 to 10/4/2013. Please allow 30-90 days for completion and any payments. | 10/10/2013 | 37 | C2 |
| CAS-1299953-F9P9F9 | 9/23/2013 | *** | Childrens Hosp Medical Ctr | Advised rep Jessica several SL's denied MR's required. Please note MR's found AWD are attached to original claim form, please review those MR's for add'l payment of this claim, thank you. | Upon review the medical records were reviewed for claim M231LA002580 and LHC is upholding the claim denial. You have the opportunity to submit a request for Reconsideration or file an appeal. | 10/30/2013 | 38 | C2 |
| CAS-1272564-X4J2J1 | 8/28/2013 | *** | James Trenton | CL0018 CLAIM COPY - Orig claim#: L293LAE01278 New claim#: 12293LA81278//Karen (225) 819-1140 Provider is needing info on why the claim has been recouped -- the denial is stating exceeding max for dos however I am not seeing what other claims were submitted on this dos -- provider has 40+ claims that are denying this way -- provider is requesting that the provider relations specialist contact them regarding this. | Claims project 022566 has been created to reprocess all claims that denied incorrectly. Please allow at least 30 - 90 days before the provider receives claim payment. | 10/4/2013 | 38 | C2 |

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|--|-----------|-----|--|--|--|------------|----|----|
| CAS-1225697-C7B1Z0 | 8/27/2013 | *** | Metroplex Hospital | CL L261LA004751 PAID BUT TO THE INCORRECT PROV THERE ARE OTHER CASE# IN REFERENCE TO THIS ISSUE BUT NO AHVE BEEN RESOLVED. PLS REVIEW THIS INFO . there was a refund doe but the check hasnot been issued back out to the correct prov which is metrplex hospital. . pls adj or advise thank you MS MARIE CB# 8002785135 X 1440 NPI# 1629089966 DOS 08/04/2012 FOR 5997.76 MEM# XXX CAS-594267 | Claim number L261LA004751 DOS 08/04/2012 denied due to a Invalid Affiliation for Provider. If you feel that this claim denied in error. You can submit a reconsideration or appeal. | 10/4/2013 | 39 | C2 |
| CAS-1294426-P4K5S6 | 9/20/2013 | *** | Planned Parenthood Gulf Coast DBA New Or | 04/10/2013 \$102.00 M112LAE00704 PLSE REVIEW THIS CLAIM PRV STATES THEY WERE UNDERPAID \$24.30 BUT GOT PAID \$19.44 PLSE ADVISE HOW THE PAYMENT WAS CALCULATED ON THIS CLAIM | We reviewed you request that claim M112LAE00704 was underpaid, after a through investigation we found. CPT code 96372 did not paid due to this being a non covered service by LHC. Code 81025 and J150 paid the allowable amount according to LA Medicaid’s fee schedule. If you fell this claim was denied in error you have the opportunity to send a “Corrected Claim”, Reconsideration or file an Appeal. | 10/28/2013 | 39 | C2 |
| CAS-1218455-K5P5K7 | 8/23/2013 | *** | First Option Home Infusion Pharmacy | PLEASE ADJUST ALL CLAIMS FOR 05/31/13-07/31/13 PROVIDER STATES THAT THEY WERE TOLD THAT CPT J3370 & A4216 WAS COVERED BY AUTH DEPT AND THAT IT'S ALSO ON THE LA MEDICAID FEE SCHEDULE BUT LHC IS REJECTING IT AFTER REVIEW AS NON COVERED. PLEASE ADVISE ON WHY THERE'S A REJECTION THANKS. MM. | On 8/23/2013 your office called regarding the below claims. CPT code J3370 is covered under Louisiana Medicaid but is covered only for members that are 0-20 years of age, if the member exceeds the age limit than coverage is then considered non-covered. Also, CPT A4216 is covered under Louisiana Medicaid Pharmacy benefit and is considered non-covered when billed as a DME. Should you have additional questions and/ or concerns please feel free to contact Provider Services. • M218LAE03922 • M218LAE03919 • M218LAE03906 • M207LAE04398 • M200LAE03246 • M200LAE03233 • M184LAE03942 • M164LAE03509 • M164LAE03603 • M157LAE03750 • M157LAE03730 • M157LAE03711 | 10/1/2013 | 40 | C2 |
| CAS-1240479-T4K5J5 | 8/30/2013 | *** | WK Medical Center CRNA Group | Jeanne called to ck status of the project that her providers are under. The project # is 3186038009. Jeanne stated she has spoken with her pr rep HeatherXXX and was advised that the claims would be paid the next month. She said several months have passed and the claims still have not been paid. Jeanne is requesting status on the project and the payment of the claims associated with it.The two provider listed below are also a part of this project. 1760473821 XXX 1972508307 XXX PLEASE REVIEW - REACH OUT TO JEANNE AT XXX- ADVISE OF STATUS | Project 022605 was submitted on 10/08/13 for Amanda Bilbo TIN#XXX due to claims denied non-covered service incorrectly. The project included for 11 claims for 07/05/12 to 02/15/13. The estimated liability is \$1,734.00 and the provider should see claim payment in 30-90 days. | 10/8/2013 | 40 | C2 |
| CAS-1229835-H7Z5K7 | 8/28/2013 | *** | Eugene J Hoffman MD | Debbie called in regarding a auth denial for member XXX (ID: XXX) (DOB: XXX6). Auth denied on 8/14/2013 for no Med Records. She states she spoke with a latoya who told her she would speak with michelle about her possibly being able to send in the medical records. Debbie states no one has got back with her regarding this issue. Debbie can be reached at (504) 454-7721 | Your office contacted LHC regarding a auth denial for member XXX. A member of our medical management team has provided outreach to your office and was informed that member authorization has been approved. Should you have problems in the future regarding authorization please feel free to contact Provider Services. | 10/7/2013 | 41 | C2 |

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|--|-----------|-----|---------------------------------------|--|--|------------|----|----|
| CAS-1220680-C7V2N5 | 8/26/2013 | *** | Lafayette Health Ventures, Inc. | Provider called about claim denial EXZC provider specialty is a Hematology Oncology and billing for office visit. Provider states that they should be able to bill for office visits. Can you please check to see how the provider is set up to see if claims were process correctly? Provider states that all of the claims for Dr. Michael Cain is denying this way. Joann will like someone to call her back so she can get the issue resolved (318)603-8023.. | Claim number M070LAE01072, M081LAE01906, M024LAE04000,L325LAE05514 has be resubmitted for adjudication to completed within the next 30 to 45 days. If you have any question please contact Provider Services Department. | 10/9/2013 | 45 | C2 |
| CAS-1256959-N7R8W3 | 9/9/2013 | *** | Northlake Nephrology Inc | Please review the retro approval. Provider has been sending documentation since 9/2012 several times and has still not been made Par. Please Retro Effective date back to 9/1/12 Once retro is completed, please route completed retro to the contracting queue for initiation of a claim project. See Attached approval from VP of Network Development and Contracting | Project 022612 was submitted on 10/11/13 for XXX TIN XXX9 due to claims denied for no auth on file or paid at 90% of fee schedule incorrectly. The project included 18 claims for 09/01/12 - 10/05/13. The estimated liability was \$743.87 and the provider should see claim payment in 30-90 days. | 10/25/2013 | 47 | C2 |
| CAS-1268637-Y2G4B9 | 9/11/2013 | *** | ReliaPath LLC | Provider has asked: For pathology claims filed to Molina Medicaid by ReliaPath with a diagnosis code of 634.90 (spontaneous abortion), as well as for other codes in this class range, we are required to file hardcopy with our pathology report and all records from the hospital and/or referring physician's office as proof that this procedure was not an elective abortion. Does LA Healthcare Connections require the medical records with the paper claim or can these be filed electronically? Thanking you in advance for your assistance with this matter. I am assigning to Pati per her request and she will follow up with Utilization Managment | The diagnoses in ICD-9 range 634.00-634.92 will not cause claims to be denied by LHC. The provider is responsible for obtaining all necessary authorizations and for ensuring that all coding and billing is in accordance with current guidelines. Please see LHC Provider Manual for additional information. | 10/29/2013 | 49 | C2 |
| CAS-1232516-C6B1B1 | 8/28/2013 | *** | Rapides Regional Medical Center | Provider rep Lorna strongly disagrees w/denial as ICD9 code in box 66of claim form is 632 is valid according to billing coder as they followed state billing guidelines. Provider Rep Lorna would appreciate to know why is this code 632 invalid, thank you. | Claim number M196LA003702 still in review, Please allow 30 to 45 days for the reprocessing of the claim. If you have any question please contact Provider Services Department. | 10/16/2013 | 50 | C2 |
| CAS-1208799-R0K6K8 | 8/20/2013 | *** | Zachary Surgical Center, LLC | ASKED ABOUT THE IVR/PORTAL PRV ALREADY GAVE EMAIL CLM STATUS/HIPAA VERIFIED 07/10/2013/\$1,354.50 M198LAE01205 /W-9 NEEDED AND THE XXX CLM STATUS/ HIPAA VERIFIED 03/07/2013/\$1,806.00 M162LAE01871 W-9 NEEDED AND NEW CLAIM PRV REP WAS ADVISED BRANDI VILO PLSE HAVE THIS PRR CALL THE PRV TO GET A BETTER RESOLUTION ON CLAIMS AND THE W-9 WHICH WE HAVE ON FILE BUT THE CLAIMS ARE BEING VOIDED OUT STILL EVEN WITH THE W-9 ON FILE. PLSE REF CASE BELOW CAS-1135884 -B1P1W7 | Dr. Clayton G. Brown (XXX) needs the hospital (Zachary Surgical Center) added in Portico. Dr. Brown is PAR eff 7/31/12 and Zachary Surgical Center is PAR eff 2/1/13; with Par pending 12/1/10-01/31/13. Amisys needs these affiliations added under Dr. Clayton G. Brown for Zach. Surgical Center, TIN XXXso his claims can process. Need contracting to see if they have necessary documents to link this practitioner to this hospital. If not, please notify of his credentialing status for Zachary Surgical Center. If credentialing is all complete, will need PDM to correct this info in Portico and Amisys for Dr Clayton G. Brown. | 10/9/2013 | 51 | C2 |
| CAS-1197509-B4Y3T1 | 8/15/2013 | *** | Childrens Clinic Of Raceland LLC | M016LAE02670 DOS 11/7/12 Please advised on incorrect amount paid on sl one and two . There was an recoupment provider is upset and wanting to know why. Also he states that this is a twin baby. Please review Amisys the remarks states "OTH CNCOVfinal LAcycle04_20130719 - FOR PROCESSING 7 19 13" Thanks. | Luisa Bacuta-Tagorda TIN XXX, Your claim#M016LAE02670 for member,XXX, MEMBER #000677681-01, dos 11/7/2012, has been reviewed for recoupment and the claim was originally recouped due overpayment; however it was recouped in error. On 7/23/13 service lines 0101 (cpt code 99291) and service line 0201(cpt code 99292) were recouped for a total amount of -\$318.15. The recoupment amount was applied to pay the following claims: | 10/4/2013 | 51 | C2 |
| CAS-1234748-Z1T1Z2 | 8/29/2013 | *** | Christus St. Frances Cabrini Hospital | Claim paid however, PC 99218 denied EXRJ charge \$1144.00 revenue code not billed on UB92. Please note, I viewed claim form on AWD and found revenue code 0762 on SL9 of claim form. Kindly review claim again for payment, thank you. | Claim M228LAE04659 was readjusted for payment on 9/12/2013/ Please allow 30-45 days for payment. | 10/22/2013 | 55 | C2 |

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|--|-----------|-----|--|---|--|------------|----|----|
| CAS-1235387-B3D7Q8 | 8/29/2013 | *** | Snells Limbs and Braces, LLC | CLM M179LAE03144 DENIED FOR NO AUTH PLS REVIEW THIS CLM THERE IS AN AUTH FILE AND THE CLM AS WELL PLS REVIEW AND ADJSUT OR ADVISE THANK YOU MS MARY CB# 3184244167 NPI# 1851442503 DOS 06/20/2013 FOR 2829.75 MEM# XXX | Claim M179LAE03144 was readjusted for payment on 9/12/2013/ Please allow 30-45 days for payment. | 10/22/2013 | 55 | C2 |
| CAS-1232146-R5N0N0 | 8/28/2013 | *** | Women And Childrens Hospital | CLAIM L188LAE01024 DOS 07/02/12.PROVIDER IS QUESTIONING WHY IS THERE A RECOUPMENT. PROVIDER STATES THAT THEY DIDN'T SEND A CORRECTED CLAIM. THEY'RE ALSO QUESTION WHERE'S THE ACTUAL PAYMENT. PLEASE REVIEW AMISYS THE LAST REMARKS STATES "RECOVERY COMPLETE NO RESPONSE FROM THE PROVIDER CLAIM HAS BEEN RELEASED FOR RECOUPMENT¿ AKNAUP 030813 THANKS. MM. | Claim L188LAE01024 was readjusted for payment on 9/12/2013/ Please allow 30-45 days for payment. | 10/22/2013 | 56 | C2 |
| CAS-1181059-R1G0H9 | 8/9/2013 | *** | Acadian Ambulance Service of New Orleans | This claim paid and provider rep Pat has advised provider received EFT payment #010900030604 bulk amount \$4,778.08 and \$1,637.21 does not belong to provider. Provider would appreciate recoupment of these funds ASAP. Please contact XXX at your earliest convenience, thank you. | On 8/9/2013 the provider requested a recoupment in the amount of \$1,637.21. Louisiana Healthcare Connections has recouped claims was able to recoup on claim 13182LA82651 (\$502.19) and claim 13182LA82652 (\$555.31). | 10/3/2013 | 56 | C2 |
| CAS-1181085-C4R8L6 | 8/9/2013 | *** | Acadian Ambulance Service of New Orleans | This claim was denied as a duplicate however, provider rep Pat has advised provider received EFT payment #010900029977 dated 7/3/13 bulk amount \$15,202.40 and \$9,787.62 does not belong to provider. Provider would appreciate recoupment of these funds ASAP. Please contact XXX at your earliest convenience, thank you. | Due to The Wrong Provider received payment, an Recoupment was completed in the amount of \$15,202.40 and \$9,787.62. If you disagree with Louisiana Healthcare Connection decision, you can submit a appeal. Appeal: Please obtain the claim dispute from the LHC website and to expedite your appeal, please include your original request for reconsideration. Please mail your request to: Louisiana Healthcare Connections Attn: Claim Dispute P O Box 3000, Farmington, MO 63640-3800 | 10/3/2013 | 56 | C2 |
| CAS-1197392-S7L3M8 | 8/15/2013 | *** | Tulane Medical Center | RECOUPED PER ENCOUNTER PROJECT #022455 - STATE REJECTION FOR INVALID OR MISSING PROCEDURE CODES. KHOWELL 6/19/13 Complaint was routed to Brandi Vilo per CAS-1095884-H7H0J1 -- lamnot finding any further instruction. Please provide more info. Letter states they should have received mailed correspondence by 8/8/2013 and they have not | Please resubmit a correct claim for reprocessing. A corrected claim needs to be resubmitted with EOP. A corrected claim can be submitted by writing corrected claim on top of the new claim and attaching the original claim or original EOP. You can mail corrected claims to Louisiana Healthcare Connections: Attn: Corrected Claims P. O. Box 4040 Farmington, MO 63640-3826 | 10/15/2013 | 62 | C2 |
| CAS-1214151-Z5B0D6 | 8/22/2013 | *** | South Louisiana Medical Associates 1 | Mary Ann called in stating that she sent a check to LCH in the amount of 1,080.36 which she states is the amount that was recently recouped from them. So she states that lhc got that money back twice. she states the check number to the recoupment eob is 31417 dated 7/24/2013. Provider req something to be done regarding this issue because they would like to receive their funds back. Mary Ann can be reached at XXX. the example she gave of this issue was for member XXX (ID:XXX) dos 4/15/2012 claim number L110LAE02878 | Louisiana Healthcare Connections had made two attempts to contact you pertaining to a recoupment. Due to ample attempts we have closed this case. Please contact Provider Services to reopen case. | 10/22/2013 | 62 | C2 |
| CAS-1172220-Q5R5D4 | 8/7/2013 | *** | Primary Health Services Center | TAKKIK 3186998582 1619160942 PRV WANTED TO INQUIRE ABOUT PENDED CHECKS FOR THIS PRV. PLSE ASSIST THE PRV WITH TRYING TO FIND OUT IF THERE A WAY THEY CAN SEE IF THE PRV HAS ANY PENDED CHECKS THIS IS NOT FOR A CLAIM STATUS SO THIS IS WHY IT IS NOT SUBMITTED AS A CASE. | Project 022608 was submitted on 10/09/13 for Adrian Washington TIN XXX due to claims denied for no authorization on file incorrectly. The project included 19 claims for 06/01/13 to 09/06/13. The estimated liability was \$833.88 and the provider should see claim payment in 30-90 days. | 10/9/2013 | 64 | C2 |

| PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed | | | | | | | | |
|--|-----------|-----|-----------------------------------|---|---|------------|-----|----|
| CAS-1207020-Y5R5M8 | 8/20/2013 | *** | Ochsner Clinic Baton Rouge | PLEASE REVIEW CLAIM L159LAE05533 DOS 05/04/12 PROVIDER IS COMPLAINING THAT CLAIM SHOULDN'T REJECT AT ALL. I ADVISED HER OF THE TIMELY REJECTION. | Claim L159LAE05533 CPT service lines 59025 and 99221 are denying "Patients Claim History". In order to process your claim please forward medical records, claim form and EOP to the below address: | 10/22/2013 | 64 | C2 |
| CAS-1207529-K0W3S4 | 8/20/2013 | *** | J Darwin Hales DO FCCPDABSM | Patrice called in regarding claim L159LAE02366 for member XXX stating that they did not bill with 26 modifier and that this modifier is being added to their claims. Patrice also states 26 modifier was also added to a bi pap the member had done on 4/28/2013 she states that she requests these claim be reviewed and processed for payment. please review thx. | Claim L159LAE02366 reprocessed payment please allow 30-45 days for payment. Claim M124LAE06339 was reprocessed and paid on check 115912. Should you have additional questions or concerns please feel free to contact Provider Services. | 10/22/2013 | 64 | C2 |
| CAS-1200703-W5W8K1 | 8/16/2013 | *** | Regional Radiology LLC | CLM M064LAE07919 PAID BUT PROV STATES THHIS WENT TO TE INCORRECT ADDRESS PLS DO A STOP PAYMENT AND REISSUE FOR THIS CHECK# 86869 FOR 15.68 DATED 03/13/2013-PAT CB# 3378246454 NPI# 1316065758 DOS 11/19/2012 FOR 40.00 MEM# XXX | Your office called on 8/16/2013 regarding a stop payment and reissues on check 86869. Please allow 45-60 days for check reissuing as this check has been routed to our Void/Check Reissue Department. Should you have additonal questions and concerns please feel free to contact Provider Services. | 10/22/2013 | 68 | C2 |
| CAS-1165905-M4P4Y4 | 8/22/2013 | *** | Union General Rural Health Clinic | Please advise on status of Lawrence Counts NPI 1275508962 TIN XXX, Jame Sylvester NPI 1366698961 TIN XXX , Chi Tai Lau NPI 1750340592 TIN XXX FAXED ON 06/27/2013 AND Jeffrey Tanita NPI 1922040443 Ida is stating that she sent paper work to PDM at 866-768-9374 on 06/24/13. Ida can be reached at 3183689751 | Provider needs to submit Ownership and Disclouse for three providers. Dr Counts, Dr Salard and Dr Sylvester after these are submitted please contact your Provider Service Representaive Heather Enright at 2259101699. | 10/29/2013 | 69 | C2 |
| CAS-1188524-Z5B4L2 | 8/13/2013 | *** | OLOL Primary Care Phys | We received a call from Mrs Kim Weaver who is a representative of Tara Ryan NPI 1659371409 the provider is questioning recovery for claim L272LAE04311 the provider spoke wih HMS representative Yoland who stated that she has no records to show that a recovery to due to take place. The provider is questioning why we are reprocessing a bug bite . | Claim L272LAE04311 was set to pay on 9/17/2013. If you have not yet received payment please contact Provider Services. | 10/22/2013 | 71 | C2 |
| CAS-1179800-C9H0V5 | 8/9/2013 | *** | Roderick P Perron MD | Roberta called me concerning checks being mailed to incorrect address. I verified the address in Portico it is correct but the address in CRM is incorrect. Please update the address in CRM to match Portico. The address should be PO Box 120 Mamou LA 70554. | On 8/9/2013 a request was made to update your provider address. Your address has been updated. Should you have additional questions or concerns please feel free to contact Provider Services. | 10/22/2013 | 75 | C2 |
| CAS-1112460-V8G5H0 | 7/17/2013 | *** | Ochsner Clinic LLC 1 | 03/28/2013 \$3.237.00 L100LAE00161 PRV STATES THEY WENT AHEAD AND RESUBMITTED THIS CLAIM ALONG WITH A W-9 SO THE W-9 COULD BE UPDATED AND THE CLAIM COULD BE REPROCESSED PLSE ADVISE IF THIS WAS UPDATED | Please resubmit claim L100LAE00161 with w-9 as w-9 is needed to process claim. Should you have additional questions or concerns please contact Provider Services. | 10/3/2013 | 79 | C2 |
| CAS-1104240-F9Q0N4 | 7/15/2013 | *** | Cypress Pointe Surgical | CLM M035LA001751 DENIED FOR TIMELY FILING ORIGINAL CLM WAS SENT TO THE INCORRECT DEPT PROV WANTS TIO KNOW HOW THIS WAS DENIED FOR TIMELY FILING . PLS REVIEW CAS 909077 | Claim M035LA001751 was processed and paid correctly on 8-7-13 on claim 13016LA80815. Please allow 35-45 days for EOP. | 10/3/2013 | 81 | C2 |
| CAS-1103567-W1N3J6 | 7/15/2013 | *** | OLOL Physician Surgical Specialty | \$140.00 M131LAE01539 DEN FOR NO AUTH TIN XXX SHOWS OUT OF NETWORK | Claim M131LAE01539 was denied for no authorization. In order to get this claim reprocess please complete Ownership and Disclosure from previously mailed to you by LHC Contracting Department. Should you have additional questions or concerns please feel free to contact Provider Services. | 10/22/2013 | 100 | C2 |

| PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed | | | | | | | | |
|--|-----------|-----|---------------------------------|--|--|------------|-----|----|
| CAS-1044087-M8V0Z6 | 6/25/2013 | *** | Marcia Mitchell | Provider Kay from St Francis pediatric neurology called on member XXX Date of birth XXX and ID number is XXX. Kay stated they have tried to get medication Provigil or the generic Modanofil. The auth has come back denied and Kay still wants to see about getting this medication for member. Kay can be contacted at 318-966-7337 (Ask for Kay or Marca, she is the nurse Practitioner that wrote the script). Kay stated that she needs meds because child was diagnosed with norcalypsy and she lives two hours away. Provider argued that if the could get this medication she would only have to come in every six months instead of monthly. Kay stated that this is a Physicain preferred medication. Please expedite appeal. | On 6/20/2013 a request was regarding member Julyssia Allen (1/4/1997) member number # XXX as your office had tried to get medication Provigil or the generic Modanofil for this patient. Per our Pharmacy Department this item has been resolved. Should you have additional questions and/or concerns please feel free to contact Provider Services. | 10/3/2013 | 101 | C2 |
| CAS-1050083-F5B5R5 | 6/24/2013 | *** | | M151LA001753 provider submitted rejection letter, claim and W9 and claim still rejected out of system. Provider feels should not have to submit information over again and wants to know if we can review what was sent and provide answer as to why claim rejected. | Claim M151LA001753 has been set up to process. Please allow 30-45 days for processing | 10/3/2013 | 102 | C2 |
| CAS-1027849-R6Y7K1 | 6/14/2013 | *** | Rapides Regional Medical Center | pls verify OI provider states has term, then fwd claim for reprocessing | Claim M070LAE03926 was denied for primary EOB. The claim decision was upheld as the information was not submitted timely. Should you disagree please feel free to submit a Reconsideration and/or Appeal. | 10/2/2013 | 111 | C2 |
| CAS-1067384-Z7Q7X0 | 6/28/2013 | *** | Byrd Regional Hospital | Advised provider rep Laquesha, claim denied SL18 denied EX16, revenue code not reimbursable-CPT HCPCS code required & SL21 & SL23 this service is not covered. Before correcting claim provider would appreciate to know why SL21 proc code 58260 & SL23 proc code J0690 are not covered services, thank you | Claim M160LAE01053 CPT Code 58260 paid \$36292.08 on check#900031836. However, CPT code J0690 is considered a Medicare Crossover service line as per LA Medicaid Outpatient Fee Schedule this service is only paid If the member has primary coverage through Medicare as Primary. Since the Bayou health Plans do not cover Dual members (Medicare/Medicaid) this service is non-covered. Should you have additional questions or concerns please feel free to contact Provider Services. | 10/22/2013 | 117 | C2 |
| CAS-992574-L3S7W3 | 6/3/2013 | *** | Childrens Hospital | the payment of your claim | On 6/3/2013 your office requested a recoupment on claim M108LAE00073. This claim recoupment is in process. Please allow 30-45 for EOP. Should you have additional questions and/or concerns please fee free to contact Provider Services. | 10/1/2013 | 121 | C2 |
| LA-2013-162-18170100 | 6/12/2013 | *** | Daniel Bode | Pede from providers office stated she received an eop - she says 6 out of 7 claims were over paid and some she received 2 different payments on same cpt codes. They were also paid at different rates. Check # 050000101132 | M151LAE03736 M151LAE03749 M151LAE03755 M151LAE03754 M151LAE03752 Per provider request, all claims above were recouped. | 10/18/2013 | 129 | C2 |
| CAS-986017-B0M2H3 | 5/30/2013 | *** | Prente Romich Company 1 | Director of Network Development and Contracting hand-carried this to me and asked me to get it sent in for adjustment. Claim #M105LA007762 for this same DOS and same billed amount was rejected 06 on 4/15/2013. No claim with this claim number exists in Amisys or CRM. NOTE--- Single Case Agreement form does not contain a field for provider's NPI#, only TIN and Medicaid ID#. Both TIN and MedicaidID# from SCA form match the numbers on the claim form. CLAIM IMAGE IN AMISYS INCLUDES A COPY OF THE SINGLE CASE AGREEMENT AND ALSO A COPY OF THE COMPLETED AND SIGNED W-9 FOR THIS PROVIDER. PLEASE REPROCESS ASAP. | As of 10/16/2013, both claims are set to pay according to the terms set forth in the Single Case Agreements negotiated with the provider. | 10/17/2013 | 141 | C2 |
| CAS-925353-W9P0P1 | 5/8/2013 | *** | The Clinic of Welsh LLC. | the denial of medication, the 25-30 minutes to submit a prior authorization and being asked the same questions over and over again | On 5/8/2013 LHC was notified that your office was having difficulties in obtaining authorization for medication. This matter has been sent to the Pharmacy Department and someone should be contacting you soon. If you have additional questions and/or concerns please contact Provider Services. | 10/2/2013 | 148 | C2 |

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|--|-----------|-----|------------------------------------|--|--|------------|-----|----|
| CAS-921070-M5V1H2 | 5/7/2013 | *** | Batts Family Practitioners LLC | complaint about frequent changes to the formulary | On 5/7/2013 your office contacted LHC regarding frequent changes to the LA Medicaid Formulary. Our Pharmacy Department called on to update your office al the formulary will change on October 2013. Should you have additional questions and/or concerns please feel free to contact Provider Services. | 10/2/2013 | 149 | C2 |
| CAS-909758-Y2X5D4 | 5/2/2013 | *** | Cary Culbertson | Coverage of medications, including antibiotics that are routinely used in pediatrics; the length of time for prior authorization; the list of covered medications, some of which are not even produced anymore | On 5/7/2013 your office had concerns regarding antibiotics not being covered by LHC. Our Pharmacy Department has since contacted you and has provided education on PDL and PA forms. Should you have any concerns and/ or questions please feel free to contact Provider Services. | 10/2/2013 | 154 | C2 |
| CAS-909777-P8X4H2 | 5/2/2013 | *** | Bunkie Rural Health Clinic | Pharmacy denials on preferred drug list, liquid forms and also it talking long for approvals on prescriptions | On 5/2/2013 your office contacted LHC regarding over the counter medications. On 9/5/2013 LHC Pharmacy Director called providing education regarding over the counter PDL. Should you have additional questions and/or concerns please contact Provider Services. | 10/2/2013 | 154 | C2 |
| CAS-886740-G1S1V1 | 4/24/2013 | *** | Gonzalo Idalgo | More information on approving the MRI for your member. | On 4/24/2012your office had concerns in getting medications approved for XXX. Our Pharmacy Supervisor contacted your office on 9/12/2013 regarding this matter and was told that this issue has since been resolved. Should you have any concerns and/ or questions please feel free to contact Provider Services. | 10/2/2013 | 162 | C2 |
| CAS-1008233-F2K8S1 | 5/1/2013 | *** | IBERIA GASTROENTEROLOGY ASSOCIATES | Provider having issues with timely responses to emails with PR Supervisor regarding denied claims. Will be reporting this to DHH. | Emailed Karyne at karyne@drpstokes.com and stated claim L294LAE01553 (member XXX) has been adjusted. Check # 050900035722 at 181.21 check dated 9/4/13 went to below address. PO BOX 2153 DEPT 3216 BIRMINGHAM, AL 35287 | 10/18/2013 | 171 | C2 |
| LA-2013-121-16935788 | 5/1/2013 | *** | Tina Peterson | your request for credentialing via certified mail. | Received credentialing packet from Belinda with Jefferson Parish School based Health Center. Sent to PDM on 9/25/13 for credentialing. Please allow 30-45 days for processing. | 10/18/2013 | 171 | C2 |
| LA-2013-100-15793981 | 4/10/2013 | *** | Victor Mejia | your verification of participation with group Premiere Heart Center, TIN 800383520. In addition to the verification of the credential status TIN 726000842. | Per email from Debbie XXXwith LMCHH - Dr. Mejia will not be contracting with Louisiana Heart Hospital Physician Group at this time. | 10/18/2013 | 192 | C2 |
| CAS-1321928-W1V8F0 | 10/1/2013 | *** | Baton Rouge General Medical Center | CLM DISPUTE INQUIRY SUB ON 09/03/2013 HIPAA VERIFIED 09/15/2012 09/24/2012 \$52,137.01 L333LAE05243 PLSE ADVISE IF THE CLAIM DISPUTE HAS BEEN RECEIVED AND IF SO WHAT IS THE STATUS ADVISED PRV THIS COULD STILL BE IN PROCESS | Still Researching | Pending | 31 | P2 |

| PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed | | | | | | | | |
|--|-----------|-----|----------------------------------|--|-------------------|---------|----|----|
| CAS-1323944-J7H4Z5 | 10/1/2013 | *** | Christus Schumpert Health System | CLM STATUS HIPAA VERIFIED 05/18/2013/\$3,273.50 NO CLAIM ON FILE ADVISED OF TIMELY FILING/LA00040355701/CLM STATUS/ HIPAA VERIFIED 08/28/2013/09/03/2013 \$27,172.41 ADVISED THE PRV /ADVISED OF TIMELY FILINGPRV IS HAVING ISSUES WITH THEIR FACILITY NAME AND NEEDS SOME ASSISTANCE WITH TRYING TO GET A RESOLUTIION. THE PROBLEM IS THE CHRISTUS FACILITY THEY WERE STATING THAT WAS ON THE CLAIM WAS NOT IN OUR SYSTEM AND THE CLAIM CAME UP UNDER A DIFFERENT PROV LOCATION AND ADVISED WOULD FORWARD A REQUEST FOR A PRR TO ASSIST WITH FURTHER RESEARCH ON THE ISSUE SO THE CAN HAVE THEIR CLAIMS PROCESSED AND PAID PRV HUNG UP BEFORE I COULD GIVE CR # | Still Researching | Pending | 31 | P2 |
| CAS-1320213-Y8C2X8 | 9/30/2013 | *** | LSUHN Billing, LLC - Lafayette | ASKED ABOUT THE IVR/PORTAL PRV ALREADY GAVE EMAIL CLM STATUS HIPAA VERIFIED 02/27/2013 \$81.00 M064LAE02872 DEN FOR MR ADVISED MR WERE SUBMITTED TO THE CLAIM 13098LA82872 DEN FOR MAX ALLOWABLE PER DOS PER AMISYS NOTES: CL0018 CLAIM COPY - Orig claim#: M064LAE02872 New claim#: 13098LA82872 RS M098LA001687 ADJ MADE TO ADD MOD AND REMOVE DX. TBARNES 042313 PLSE ADVISE IF MR WERE RECEIVED AND IF SO PLSE ADVISE A STATUS AND ALSO ADVISED PER THE AMISYS NOTES ABOVE WHAT THAT INFORMTION IS IN REFERENCE TO | Still Researching | Pending | 32 | P2 |
| CAS-1321497-C9G4C1 | 9/30/2013 | *** | LSU Health Science Center | 08/31/2012--\$1,159.38 NEW CLAIM AMOUNT PRV STATES THE CPT CODES REMAINED BUT THE TOTAL CHARGE AMOUNTS THERE CORRECTED AND SAME NUMBER OF UNITS PRV STATES THEY WANT SOME OF THE MONIES' RECOUPED BUT STILL WANT A PARTIAL PAYMENT LEFT FOR THE REDUCED AMOUNT AMOUNT PAID ON CLAIM WAS \$2390.08 RECOUPMENT NEED TO BE DONE ON THE OVERPAID AMOUNT FOR THIS CLAIM L324LAE13884 PLSE REVIEW AND ADVISE HOW LONG IT WILL TAKE TO PROCESS THE RECOUPMENT AND THEN PROCESS THE OTHER CLAIM FOR THE CORRECT AMOUNT | Still Researching | Pending | 32 | P2 |

| PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed | | | | | | | | |
|--|-----------|-----|--|---|-------------------|---------|----|----|
| CAS-1320594-B7X4X2 | 9/30/2013 | *** | Minden Physician Practices LLC RHC CLINIC | See attached Spreadsheet of claims that did not pay after a massive claims project in August. Provdiier has divided into four categories as well as provider name and has given claim numbers, DOS. Please contact Rep, Heather Enright for any questions. Please referenec completed claim project 22495 if you haev any questions. Thanks | Still Researching | Pending | 32 | P2 |
| CAS-1311551-G0R2M0 | 9/25/2013 | *** | Sunset Pharmacy | Received via email 9-25-2013 Yesterday I spoke with Debbie (I didn't catch the name of the pharmacy). Her compliant was about generic Depakote Sodium ER 500 being paid \$151.74 below cost. She said generic Adderall ER 30 mg is being paid \$2.12 below cost. Would you mind having someone reach out to her? Her number is 337-662-5298. | Still Researching | Pending | 37 | P2 |
| CAS-1303138-B9G6W3 | 9/24/2013 | *** | Woman Hospital | aim#: M142LAE00111 denied consent form is no valid or missing info per remarks 'RSM246LAP01421 CF INVALID, MISSING MEDS PERSON NO. JFIRE 091313' can you please explain in farther detail on denial and claim remarks dos 5/8/2013-5/11/2013 | Still Researching | Pending | 38 | P2 |
| CAS-1294934-Q0Q9V5 | 9/20/2013 | *** | Albert Diket | Lois called due to reject of claims that states that the claim is rejecting for invalid UPN#. Lois stated they no longer use UPN#'s they are using NPI#'s. Lois stated she has contacted her pr rep; however she continues to receive these rejected claim. Provider requesting for provider rep or someone to assit in resolving this issue. | Still Researching | Pending | 42 | P2 |
| CAS-1286482-F8S1K0 | 9/18/2013 | *** | Medical Ctr Of Louisiana | Yolonda called in regarding claim M060LAE03602 for member XXX (ID: XXX) (DOB: XXX) procedure code 95886 denied (add on code cannot be billed without primary code) but yolonda states that the primary code 95912 paid on 8/21/2013 and they were billed together. | Still Researching | Pending | 44 | P2 |
| CAS-1285060-P1T7R7 | 9/18/2013 | *** | Vital Care Pharmacy Services | Shannon from Kay's Hideaway contacted PR Manager about claim#M193LAE02214 denial. This is a TPN claim, and a PA was obtained from LHC. Documentation attached. The TPN codes are on the Legacy Medicaid pharmacy fee schedule, rather than the DME schedule. | Still Researching | Pending | 44 | P2 |
| CAS-1281933-H0C1V7 | 9/17/2013 | *** | South Ryan MRI, LLC dba Southwest Louisian | DOS/Claim No.: 11/15/12 /1625.00 L314LAE02737 Notes: Previous case CAS:650240 CAS-895704 Auth #NIA 12304LHC0001 Per Amisys remarks "CAS-650240-Q5D3S1 NO ADJ MADE PUSH BACK AUTH EXCEEDS COUNT PER NIA.TBARNES 012913, RS M231LA003235 NO ADJ MADE LETTER SENT NOT TIMELY. TBARNES 08282013. Provider states auth eff dates were from 11/1/12-12/1/12. Claim #L314LAE02737-RS M022LA016026 AND M038LA003456 REFUND POSTED CK 58252 WRONG PROV, RKD TO 12314LA82737 TO CORRECT PROV TIN RSMERKER 03192013. Provider strongly disagrees w/denial now timely filing as this has been ongoing since 1/25/13. Provider would appreciate a call from the PRR Danielle Delacourt, to discuss further for final resolution of this claim, thank you. | Still Researching | Pending | 45 | P2 |
| CAS-1282121-V6V7W3 | 9/17/2013 | *** | Riverside Med Ctr | provider requests additional info regarding the denial for claim M189LA005901 for member XXX (ID:XXX) for dos 7/28/2012. Provider is not understand reason for denial. plz review thx | Still Researching | Pending | 45 | P2 |
| CAS-1279924-R6Z2R6 | 9/16/2013 | *** | Cypress Point Surgical | CLM STATUS HIPAA VERIFIED 07/17/2013 \$17,887.82 PRV STATES WAS ADV CLM WAS NOT RECEIVED IN PEND STATUS M231LA004829 /M206LAE01738 SHOWS DENIAL FOR HCPCS CODE WHICH REV 370 IS MISSING HCPCS CODE REQUIRED AND THIS SRVC NOT COVERED PLSE REVIEW L6 - L8 ADVISED OF TIMELY FILING | Still Researching | Pending | 46 | P2 |

| PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed | | | | | | | | |
|--|-----------|-----|--------------------------------|---|-------------------|---------|-----|----|
| CAS-1268804-K3S5D2 | 9/11/2013 | *** | Homer Memorial Hospital | Provider states that claims were denied for inappropriate modifier. From what i can see provdier states L265LAE06423 paid with a 50 modifier but Claims are M095LAE04898; M119LA005759; M095LAE04896; M095LAE04891 denied without; So should 77057 be billed with 50 modifier? | Still Researching | Pending | 51 | P2 |
| CAS-1261715-F0X3T2 | 9/10/2013 | *** | East Jefferson Family Practice | CLM STATUS HIPAA VERIFIED 11/09/2012 \$175.00 PRV STATES ORG FILED WITH 25 MOD L325LAE01047 DEN FOR MR PRV STATES WITH MR OM 06/27/2013/M155LAE02310 MR WERE SUBMITTED WITH THIS CLAIM PLSE ADVISE IF THE RECORDS HAVE BEEN RECEIVED AND IF SO WHAT IS THE STATUS OF THE MR IF THEY ARE ON FILE | Still Researching | Pending | 52 | P2 |
| CAS-1241108-D1F0Y5 | 8/31/2013 | *** | Steven Crider | Claims L257LA003310 DOS 9/1/12, 9/4/12, 9/5/12; L342LA003364 DOS 11/8, 11/9. 11/12, 11/13, 11/14, 11/15; L342LA003365. , DOS 11/16, 11/19, 11/20, 11/21, 11/23. Provider states patient did now have state insurance nor LHCC but since we had a a single case agreement should pay the above claims. The estimated liability was \$762.30. | Still Researching | Pending | 62 | P2 |
| CAS-1101096-V3M1S6 | 7/22/2013 | *** | Patients First Care LLC | Please Retro Effective date back to1/1/13. See Attached approval from VP of Network Development and Contracting. Can you please process a claims project per the attached spreadsheet for this provider? The reason for the claims project was an audit found incorrect effective dates loaded, provider failed to contact within timely reconsideration period. No interest due. | Still Researching | Pending | 102 | P2 |
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| This report was based on LA Healthcare Connections’ understanding of the current report specifications provided by DHH. | | | | | | | | |
| The report programming is still under review, thus any changes may result in resubmission of the report. | | | | | | | | |
| This report should not be used for comparative purposes until all reporting format and specifications have been finalized. | | | | | | | | |

PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Louisiana Healthcare Connections
Reporting Period: 10/1/2013 -10/31/2013

| Status Category Codes | |
|--|--|
| Pending | Closed |
| P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P5-Other | C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C5-Other |

| Date Filed (YYYYMMDD) | Name of Person Filing Appeal | Organization | Summary of Complaint | Date Closed (YYYYMMDD) | # of Days Pending or to Close | Status Category |
|--------------------------|------------------------------|-----------------------------------|---|---------------------------|-------------------------------------|--------------------|
| 9/3/2013 | XXX | Ochner, New Orleans | Not enough information from the provider to support medical necessity | 10/1/2013 | 29 | C2 |
| 9/3/2013 | XXX | Byrd Regional Hospital | Not enough information from the provider to support medical necessity | 10/2/2013 | 29 | C2 |
| 9/3/2013 | XXX | Willis Knighton Bossier Health | Not enough information from the provider to support medical necessity | 10/2/2013 | 29 | C2 |
| 9/6/2013 | XXX | Ochner, New Orleans | no supporting documentation | 10/4/2013 | 28 | C2 |
| 9/6/2013 | XXX | Ochner, New Orleans | no supporting documentation | 10/4/2013 | 28 | C2 |
| 9/6/2013 | XXX | Natchez Regional Medical | no supporting documentation | 10/1/2013 | 25 | C2 |
| 9/6/2013 | XXX | Southern Regional Health | no supporting documentation | 10/1/2013 | 25 | C2 |
| 9/9/2013 | XXX | Christus St. Patrick-Lake Charles | no supporting documentation | 10/7/2013 | 28 | C2 |
| 9/10/2013 | XXX | Slidell Memorial | no supporting documentation | 10/1/2013 | 22 | C2 |
| 9/10/2013 | XXX | Community Specialty Hospital | no supporting documentation | 10/7/2013 | 27 | C2 |
| 9/11/2013 | XXX | Dauterive Hospital | no supporting documentation | 10/3/2013 | 22 | C2 |
| 9/12/2013 | XXX | Ochner, New Orleans | no supporting documentation | 10/10/2013 | 29 | C2 |
| 9/12/2013 | XXX | Ochner, New Orleans | no supporting documentation | 10/10/2013 | 29 | C2 |
| 9/12/2013 | XXX | Ochner, New Orleans | no supporting documentation | 10/11/2013 | 29 | C2 |
| 9/13/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/10/2013 | 28 | C2 |
| 9/13/2013 | XXX | Glenwood Regional Medical Center | no supporting documentation | 10/10/2013 | 27 | C2 |
| 9/13/2013 | XXX | Ochner, New Orleans | no supporting documentation | 10/9/2013 | 26 | C2 |
| 9/13/2013 | XXX | TruCare Home Health, LLC | no supporting documentation | 10/7/2013 | 24 | C2 |
| 9/16/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/14/2013 | 29 | C2 |
| 9/16/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/14/2013 | 29 | C2 |
| 9/16/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/14/2013 | 29 | C2 |
| 9/16/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/14/2013 | 29 | C2 |

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|------------|-----|-----------------------------------|-----------------------------|------------|----|----|
| 9/16/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/14/2013 | 29 | C2 |
| 9/16/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/14/2013 | 29 | C2 |
| 9/16/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/15/2013 | 30 | C2 |
| 9/16/2013 | XXX | Dialysis Clinic North Shreveport | no supporting documentation | 10/1/2013 | 16 | C2 |
| 9/16/2013 | XXX | Touro Infirmary | no supporting documentation | 10/14/2013 | 28 | C2 |
| 9/18/2013 | XXX | Natchez Community Hospital | no supporting documentation | 10/16/2013 | 28 | C2 |
| 9/18/2013 | XXX | Crescent City Pharmacy | no supporting documentation | 10/17/2013 | 29 | C2 |
| 9/18/2013 | XXX | Slidell Memorial | no supporting documentation | 9/24/2013 | 6 | C2 |
| 9/19/2013 | XXX | Professional Home Health Services | no supporting documentation | 10/14/2013 | 26 | C2 |
| 9/19/2013 | XXX | St. Francis Medical Center | no supporting documentation | 10/14/2013 | 25 | C2 |
| 9/19/2013 | XXX | Amedysis Home Health | no supporting documentation | 10/18/2013 | 29 | C2 |
| 9/19/2013 | XXX | Our Lady of the Sea | no supporting documentation | 10/9/2013 | 20 | C2 |
| 9/20/2013 | XXX | Glenwood Regional Medical Center | no supporting documentation | 10/18/2013 | 29 | C2 |
| 9/23/2013 | XXX | Amedisys Home Health | no supporting documentation | 10/10/2013 | 17 | C2 |
| 9/24/2013 | XXX | American Legion Hospital | no supporting documentation | 10/10/2013 | 16 | C2 |
| 9/25/2013 | XXX | Ochner Medical Center | no supporting documentation | 10/16/2013 | 22 | C2 |
| 9/25/2013 | XXX | Lake Charles Memorial Hospital | no supporting documentation | 10/4/2013 | 10 | C2 |
| 9/26/2013 | XXX | Baton Rouge General Mid City | no supporting documentation | 10/3/2013 | 8 | C2 |
| 9/26/2013 | XXX | Phoenix Home Medical | no supporting documentation | 10/18/2013 | 22 | C2 |
| 9/27/2013 | XXX | Community Specialty Hospital | no supporting documentation | 10/22/2013 | 26 | C2 |
| 9/30/2013 | XXX | Natchez Community Hospital | no supporting documentation | 10/29/2013 | 30 | C2 |
| 10/3/2013 | XXX | Ochner, New Orleans | no supporting documentation | Pending | 28 | P2 |
| 10/3/2013 | XXX | Ochner, New Orleans | no supporting documentation | 10/29/2013 | 26 | C2 |
| 10/3/2013 | XXX | Ochner, New Orleans | no supporting documentation | 10/28/2013 | 25 | C2 |
| 10/7/2013 | XXX | Snell's Limbs & Braces, LLC | no supporting documentation | 10/30/2013 | 23 | C2 |
| 10/10/2013 | XXX | Glenwood Regional Medical Center | no supporting documentation | 10/25/2013 | 16 | C2 |
| 10/10/2013 | XXX | Willis Knighton Bossier Health | no supporting documentation | 10/31/2013 | 21 | C2 |
| 10/10/2013 | XXX | Willis Knighton Bossier Health | no supporting documentation | 10/28/2013 | 18 | C2 |
| 10/10/2013 | XXX | University Health | no supporting documentation | 10/28/2013 | 18 | C2 |
| 10/10/2013 | XXX | Willis Knighton Bossier Health | no supporting documentation | 10/30/2013 | 20 | C2 |
| 10/11/2013 | XXX | LSU Plastic Surgery | no supporting documentation | Pending | 20 | P2 |
| 10/11/2013 | XXX | Ochsner, New Orleans | no supporting documentation | 10/16/2013 | 5 | C2 |
| 10/11/2013 | XXX | Ochner, New Orleans | no supporting documentation | Pending | 20 | P2 |
| 10/14/2013 | XXX | Willis-Knighton Home Health | no supporting documentation | Pending | 17 | P2 |
| 10/16/2013 | XXX | Willis Knighton Bossier Health | no supporting documentation | Pending | 15 | P2 |
| 10/17/2013 | XXX | Childrens Hospital | no supporting documentation | 10/17/2013 | 1 | C2 |
| 10/17/2013 | XXX | Ochner Medical Center | no supporting documentation | Pending | 15 | P2 |
| 10/17/2013 | XXX | Christus St. Francis Cabri | no supporting documentation | Pending | 14 | P2 |
| 10/17/2013 | XXX | Glenwood Regional Medical Center | no supporting documentation | Pending | 14 | P2 |

| | | | | | | |
|------------|-----|---|-----------------------------|------------|----|----|
| 10/17/2013 | XXX | Glenwood Regional Medical Center | no supporting documentation | Pending | 14 | P2 |
| 10/18/2013 | XXX | Natchez Community Hospital | no supporting documentation | Pending | 14 | P2 |
| 10/18/2013 | XXX | Shriners's Hospital for Children | no supporting documentation | Pending | 14 | P2 |
| 10/18/2013 | XXX | Monroe Kidney Center | no supporting documentation | Pending | 13 | P2 |
| 10/18/2013 | XXX | Amedisys Home Health | no supporting documentation | Pending | 13 | P2 |
| 10/21/2013 | XXX | West Jefferson MEDical Center Cancer Care | no supporting documentation | 10/21/2013 | 1 | C2 |
| 10/22/2013 | XXX | Glenwood Regional Medical | no supporting documentation | Pending | 10 | P2 |
| 10/22/2013 | XXX | Delaune's Pharmacy | no supporting documentation | Pending | 9 | P2 |
| 10/24/2013 | XXX | Community Specialty Hospital | no supporting documentation | Pending | 7 | P2 |
| 10/24/2013 | XXX | Glenwood Regional Medical Center | no supporting documentation | Pending | 7 | P2 |
| 10/30/2013 | XXX | Terrebonne General Medical Center | no supporting documentation | Pending | 1 | P2 |
| 10/30/2013 | XXX | Terrebonne General Medical Center | no supporting documentation | Pending | 1 | P2 |

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH.

The report programming is still under review, thus any changes may result in resubmission of the report.

This report should not be used for comparative purposes until all reporting format and specifications have been finalized.